ARIZONA FORM

## Arizona S Corporation Income Tax Return

2001

	1200	Car tavak	ble veer beginning IVM / DD	/ VVVV and anding 1	IM I DD IVVVV		CHECK ONE:	—
		For taxat	ble year beginning MM_/_DD	_/, and ending	AINI J DD J Y Y Y Y	Ori	ginal	ded
		Mail to: A	85038-9079		CHECK ONE:	. —		
			1				dar year Fisc	
Busii	ness telephone number	Please	Name			Feder	al employer ID nur	nber (FEIN)
,	1	Type	Number and street			A7 wi	thholding tax numb	ner
Business activity code number		or	Number and Street			/ (Z W)	uniolaling tax name	
	n federal Form 1120S)	Print	City, or town, state, and ZIP code			AZ tra	insaction privilege	tax number
			, y, , ,				1 3	
69	Check box if:	This is a	first return	Address change		FOR DO	OR USE ONLY	
	this the corporation's fina		-	☐ Yes ☐ No				
	·	solved [		ged/Reorganized				
	List FEIN of the successor	_		geu/Reorganizeu 🗀				
			•					
	·		ness within and without Arizona?	<del></del>		<u> </u>		
С	Will a composite return be	filed on Fo	orm 140NR?	Yes No				
D	Total number of nonreside	nt individua	al shareholders		81	66	3]	
Ε .	Total number of resident in	dividual sh	nareholders		CHECK BOX IF		<u>-1</u>	
F ·	Total number of entity shar	eholders (	See instruction page 3)		82 Federal extensi		d to file return	82 F
1			m federal Form 1120S, Schedule	v			1	00
Compl			has excess net passive income or				nd to complete lin	•
-	-	-	on has a tax liability from the recapt		•	-	-	C3 Z-11
	•	-				00	1	
3	·					00		
4			oorate income tax - add lines 2 an			1	4	00
5	Nonapportionable or allo	cable incor	me - <i>attach schedule.</i> MULTISTA <sup>-</sup>	TE S CORPORATIONS ON	LY		5	00
6	Apportionable income - s	ubtract line	e 5 from line 4. Multistate S corpo	rations only			6	00
7	Arizona apportionment ra	itio - <i>from</i> .	Schedule C or Schedule ACA	<u>7</u>				
8			e 6 multiplied by line 7. Multistate				8	00
9			attach schedule. Multistate S cor				9	00
10			- add lines 8 and 9				10	00
11			orate income tax. Wholly Arizona					
10			mount from line 10				11	00
			completing this linefrom Form 300, Part II, line 26				12	00
13			Part II, IIIIe 20				13	00
14			n. <i>Check this box to send \$5 to tl</i>			••••	[14]	
13			on				15	00
16			rizona Form 300, Part II, line 50				16	00
17			each credit claimed					
18	Tax liability - subtract the	sum of lin	nes 15 and 16 from line 14				18	00
19			SEE INSTRUCTIONS BEFORE C				19	00
20	Tax liability after Clean E	lections Fu	und tax credit - <i>subtract line 19 fro</i>	om line 18	<u></u>		20	00
21			ctions		<u> </u>	00	_	
22	Credit type - enter form r	number for	each refundable credit claimed	22 3   3   3	3 3		ר	
23			n 120EXT - see instructions			00		
24			uctions			00		
25			and 24. Amended returns - see ins				25	00
26		-	ger than line 25, enter balance of				26	00
27			rger than line 20, enter overpaym				27	00
28 20			ty. If Form 220 is attached, chec				28	00
29 30			ry. <i>It Form 220 is attached, ched</i> is Fund - <i>see instructions</i>				30	00
31			mpany return				31	00
			5				32	00
			2002 estimated tax			00		
34	Amount to be refunded -		ne 33 from line 32				34	00
ADOR	. 91-0025 (01) rj							

A7 E	orm 1208 (	2004) Page 2								
Sch A1	nedule A - Date busine	2001) Page 2 Other Information ess began in Arizona or date income was first derived from Ar which tax records are located for audit purposes:								
	The taxpayer designates the individual listed below as the person to contact to schedule an audit of this return and authorizes the disclosure of confidential information to this individual. (See instruction page 8)  Name and title Phone # _()									
<b>A</b> 5	NOTE: ARS § 43-327 requires the taxpayer, within ninety days after final determination, to report these changes under separate cover to the Arizona Department of Revenue or to file amended returns reporting these changes. <i>(See instruction page 1)</i> Amount of net income subject to Arizona corporate income tax for prior taxable year (2000 Form 120S, line 11)									
		Apportionment Formula (Multistate S Corporations		-						
B1	Property F	actor	NO	TE: Qualify	ing air carriers must use S	chedule ACA				
Valu own prop	ie of real and led property perty at capit	d tangible personal property (by averaging the value of used at the beginning and end of the tax period; rented talized value) perty (at original cost):	Column A Total Within Arizona		Column B Total Within and Without Arizona	Column C Ratio Within Arizona A ÷ B				
	Depreciable Land Other asset Minus: Con Minus: Non Total of sec	e assets	(	)						
C.		perty (capitalize at 8 times net rental paid)d and rented property (section a total plus section b) ctor								
Tota	ıl wages, sal	aries, commissions and other compensation to employees								
		m 1120S or payroll reports)				•				
	B3 Sales Factor									
a.	Sales delive	ered or shipped to Arizona purchasers								
b.	Other gross	receipts								
C.	Total sales	and other gross receipts								
d.		ght Arizona sales and gross receipts	X 2							
e.		r (for column A - multiply item c by item d; for column B -								
		nt from item c)								
		- add B1(c), B2 and B3(e) in column C								
		pportionment ratio - divide B4 by four (4). Enter the result in								
		pareholder Information Prepare a schedule that lists				are of income or loss.				
	the listing a tification	Is "Schedule C - Shareholder Information" and attach the The following certification must be signed by one or more of the f								
		Under penalties of perjury, I (we), the undersigned officer(s) auth accompanying schedules and statements, and to the best of my the taxable year stated pursuant to the income tax laws of the States	(our) knowledge and b							
Plea	ase	Officer's signature		Title		Date				
Sign		-								

Here Officer's signature Title Date Paid Preparer's signature Date Preparer's Use Only Firm's name (or preparer's, if self-employed) Preparer's TIN Firm's address Zip code ADOR 91-0025 (01) rj